3831 Georgia Avenue, N.W.; Washington, D.C. 20011

Julia Dender Randall

**DHMH - 17** (VR A15 ME (5))

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DHMH - 16 60M 7/84 (VRA 15, 4)

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dia.	3	3	/	5
 NO				11

m £		CEASED NAME FIRST OR PRINT)		MIODLE	LAS	ii .	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
poge 3		Pete			Berno			8 10	87 5:00
ctor. p	3. SEX	ale	4. RACE White		5. DATE OF	h 20, 1900	6. AGE (IN YEARS LAST BIR	YRS.	NDER TYEAR IF UNDER 24 H
12/1/25		RTHPLACE (STATE OR FOREIGN COUNTRY) Ennsylvania	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O		DEATH
1199		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET T Memoria	ADDRESS)	other Institution	12a. USUAL OCCUPATE LIYPE OF WORK FOR MOST O Brick maso		12b. KIND OF BUSINESS INDUSTRY Refinery
Filled novid in	USUA 13a. S	AL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION OUNTY alvert	136. CITY OR TOW Solomon	E ADMISSION)	3d. INSIDE CITY LIMITS?	Box 83, See	ZIP CODE A	ve. 20688
12/14		ither's NAME artholomew Be	rnoski	LAST		Martha Kru	sna.		ŁAST
Pood co	NC	VAS DECEASED EVER IN U.S VES, NO OR UNKNOWN) (IF YE	ARMED FORCES?	212-09-		Elsie Berno	ski, Same a		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
6 - C - E				1	ENCE OF	land to	1,100		
been sig mit. Ther prior to be ony injur	FICATION	Conditions, if any, which gove rise to immediate cause to it, stating the underlying couse lass  PART 2 OTHER SIGNIFICATION.	DUE TO, O	ON GENERAL ACONSEQUE	ENCE OF	Meant fai		20h IF YES, W	IN PART 110  ERE FINDINGS USED G C AUSES OF DEATH?
hysician. icate hos been ronsit permit. TI Hygiene priar 1 18 shows any in	CAL CERTIFICATION	gove rise to immediat cause (a), stating th underlying couse las PART 2 OTHER SIGNIFICA	DUE TO, O  (c)  INT CONDITIONS C  IPB COND  G	OR AS A CONSEQUE	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON  20a AUTOPSY?  YES NO	20b IF YES, W IN CERTIFYIN YES	ERE FINDINGS USED G CAUSES OF DEATH?
and physician in control of the cont	MEDICAL CERTIFICATION	gove rise to immediate cause (0), stating the underlying couse lass.  PART 2 OTHER SIGNIFICATION.  19a. DATE OF OPERATION.  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTION CAUSE CONTRIBUTING CAUSE CAUS	DUE TO, O  (c)  INT CONDITIONS C  IPb COND  G	OR AS A CONSEQUE  ONTRIBUTING TO D	DEATH BUT N OPERATION  AY YEAR 19	IOT RELATED TO THE TERM WAS PERFORMED	INAL DISEASE OR CON  20a AUTOPSY?  YES NO	20b IF YES, W IN CERTIFYIN YES T RY IN ITEM 18 PART 1	ERE FINDINGS USED G CAUSES OF DEATH?
he hospido or ottending physician.  DIRECTOR: After this certificate has been sign oched for use as the burial-transit permit. Then: Elept. of Health and Mental Hygiene prior to be if them 21 is marked or them 18 shows any injur		gove rise to immediate cause (a), stating the underlying couse lass.  PART 2 OTHER SIGNIFICA  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE COLUMN CONTRIBUTING CAUSE COLUMN CONTRIBUTING CAUSE COLUMN COUNTRIBUTING CAUSE COUN	DUE TO, O  (c)  (D)  (D)  (D)  (D)  (D)  (D)  (D)	OR AS A CONSEQUE  ONTRIBUTING TO I  ONTRIBUTING TO I  OF INJURY  .M. MONTH D.  .M.  OF INJURY  REEL, FACTORY, OFFICE, F	DEATH BUT N  OPERATION  AY YEAR  19  FARM, ETC.)	WAS PERFORMED  21c HOW INJURY OCCURI  21f LOCATION STREET  1 that in (my) (aur) aprinion EGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO  10 AUGUST  death occurred on the di	20b IF YES, WIN CERTIFYIN YES THE TENTH OF T	ERE FINDINGS USED G CAUSES OF DEATH? NO  ORPART?)  COUNTY STATE
OK ATTENDING PHYSICIAN: The low rect hospital or otherding physician.  DEECTOR After this certificate has been oched for use os the burial-transit permit. II Dept. of Health and Mental Hygiene prior if them 21 is marked or them 18 shows any in		gove rise to immediate cause (o), stating the underlying couse lass.  PART 2 OTHER SIGNIFICA  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXA  220.1 certify that (I) (this because of the deceased alivation obove, (I) (we) (did) (di	DUE TO, O  (c)  (c)  (d)  (e)  (e)  (f)  (e)  (f)  (f)  (f)  (f	OR AS A CONSEQUE  ONTRIBUTING TO E  ONTRIBUTING TO E	DEATH BUT N  OPERATION  AY YEAR  19  FARM, ETC.)	WAS PERFORMED  21c HOW INJURY OCCURI  21t LOCATION STREET  1 Location STREET  1 Location STREET  1 Location STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO  MEDICAL STAL  DIRECTOR PHYSIC	20b IF YES, WIN CERTIFYIN YES THE TENTH OF T	ERE FINDINGS USED G CAUSES OF DEATH? NO  ORPART ?)  COUNTY STATE  That (I) (we) ad from the couses stated

died in metals Thing . Let work the time I have been a second of the last the last transfer. \_xacare items offers te-a tre as ease dandered disk. It' -- -- -- -tradegate dansing morning and so he will single the first By BUANCOR Include allowed troit of to the DEPARTMENT OF HEALTH AND MENTAL HYSIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

FOR STATE REGISTRAR REG. NO 20 DATE OF DEATH 26 HOUR LAST I. DECEASED NAME FIRST MIDDLE TYPE OR PRINT) 08/23/87 William 22:20 RM Clements 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3. SEX 18 YEAR 02 03 Male WHite BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Calvert Washington, D.C. USA WIDOWED DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Calvert Memroial Hospital Pr. Frederick Retired Accountant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Anne Arundel Rose Haven Maryland 656 California Ave. 20714 NO 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE FIRS1 MIDDLE Tillett Claude Mabel E. Clements ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT GIVE WAR OR DATES (YES, NO OR UNKNOWN) MARIE E. CLEMENTS SAME AS ITEM 13 yes 577-03-2826 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 201 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIFYING CAUSES OF DEATH? YES [ NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE attended the deceased from 22a.l certify that (1) (this hospital) and that in (my) tour copinion death occurred on the date and hour and from the causes stated ow the deceased plive obove, (1) (we) (did) (old not view the body after death DEGREE \_ ZE DAJE SIG ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS C. Jeschke. M.D Huntingtown 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b. DATE CITY OR TOWN Burial 8/26/87 Cedar Hill Cemetery P.G. Md. Suithnd 24. FUNERAL DIRECTOR G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT & HYG/ENE
CERTIFICATE OF DEATH

87 REGISTRAR		DEPART		EALTH AND MENT () HYG ICATE OF DEATH	12	6. NO		
1. DECEASED NAME FIRST	MI	DDLE	Į,	AST	20. DATE OF DEAT		DAY YEA	2b. HOUR
Mauri Mauri	ce J.	Conley	Jr.		08/	16/	87	2227 p.
3. SEX	4 RACE		5. DATE O		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS D	EAR IF UNDER 24 HRS
Male	White		07/	12/ 21 AR	66	YF		IN INCOME
O. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	X X EVER MARRIED	9 BALTIMORE CIT	Y OR COU	NTY OF DEATH	4
Washington, D.C	. USA		WIDOWE		Calver	t.		M
TO CITY OR TOWN OF DEATH	11. NAME OF H		IG HOME O	OR OTHER INSTITUTION	120 USUAL OCCU	PATION		D OF BUSINESS O
Pr. Frederick	Calver	t Memor	ial Ho	spital	Dental I			
	Lvert	Lusby	e admission) /N		Box 393	SS / ZIP C	ode um Poir	it, 20657
Maurice J. Conl	ey, Sr. M	LAST		Antionette R	MIDD	LE		LAST
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	IDITY NO	17 INFORMANT		DRESS		
Y CYES NO OR UNKNOWN] (IF YELL	GIVE WAR OR DATES)		20-090	37			s #13 A	-E
18 CAUSE OF DEATH (Enter PART I DEATH WAS CA	u only one couse per USED BY:	pefor 101, 164, on	estinal	e bleeding			BETW	ROXIMATE INTERVAL EEN ONSET AND DE ATH
				7- 1				
	DUE TO, OR	AS A CONSEQUI	ENCE OF	The lives	NNAL DISEASE OR (	CONDITION	I GIVEN IN PAR	T 1/o
gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAL	DUE TO, OR	AS A CONSEOU	ENCE OF		200 AUTOPSY?	20b. 11 IN CE	F YES, WERE FI	
PART 2 OTHER SIGNIFICAL PART 2	DUE TO, OR  (c)  NT CONDITIONS CO  196 CONDIT  216. TIME OF HOUR A.M	AS A CONSEQUI NTRIBUTING TO ION FOR WHICH INJURY A. MONTH D	DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?	20b. fl IN CE	F YES, WERE FILL ERTIFYING CAU YES [	NDINGS USED USES OF DEATH? NO
gove rise to immediate couse lost underlying couse lost underlying couse lost part 2 OTHER SIGNIFICAL 1990 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETIMER NOTIFY MEDICAL EXAMPLE 110. INJURY OCCURRED	DUE TO, OR  (c)  NT CONDITIONS CO  19b CONDIT  21b. TIME OF  HOUR A.M.  P.M.  21e. PLACE C	AS A CONSEQUI	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO RED (ENIER NATURE OF	20b. 41 IN CE	F YES, WERE FILL ERTIFYING CAU YES [	NDINGS USED USES OF DEATH? NO []
GOVE rise to immediate couse oil, stating the underlying couse lost part 2 OTHER SIGNIFICAL 190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING NOT CONTRIBUTING NOT CONTRIBUTING NOT CONTRIBUTING ALL CONTRIBUTIONS ALL CONTRIBUTIONS NOT WHILE ALL WORK NOT WORK NOT WHILE ALL WORK NOT WORK NOT WHILE ALL WORK NOT	DUE TO, OR  (c)  NT CONDITIONS CO  19b. CONDIT  10b. TIME OF HOUR A.N. P.N.  21c. PLACE C (AT HOME, STRE	AS A CONSEQUI	DEATH BUT  OPERATIO  AY YEAR  19  FARM, EIC)	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCUR  211. LOCATION STREET  , 19. \$5.  and that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENIER NATURE OF	20b. H IN CE INJURY IN ITEA	F YES, WERE FIRE FING CALLYES COUNT	NDINGS USED USES OF DEATH? NO  12)  12)  12)  14  16  16  16  16  17  17  17  17  18  18  18  18  18  18
Gove rise to immediate couse oil, stating the underlying couse lost of the underlying of the u	DUE TO, OR  (c)  NT CONDITIONS CO  196 CONDIT  197 CONDITIONS  216 PLACE CO  (AT HOME, STRE  210 DEPLACE CO  (AT HOME, STRE  (AT HOME,	INJURY A. MONTH D A. OF INJURY deceosed from ster deceoth.	DEATH BUT  OPERATIO  AY YEAR  19  FARM, EIC)	NOT RELATED TO THE TERM  N WAS PERFORMED  211. LOCATION STREET  , 19 \$ 5 and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENIER NATURE OF	20b. HIN CE	F YES, WERE FIFE ERTIFYING CAL YES  COUNT  19 8 7 Hour and from	NDINGS USED USES OF DEATH? NO  T2)  y STATE  that (1) (we) la
PART 2 OTHER SIGNIFICAL  PART 2 OTHER SIGNIFICAL  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O  (IF EITHER NOTHY MEDICAL EXAM AT WORK AT WORK  220.1 certify that (II) (this h saw the deceased allow obove, (If) (we) (did) (did)	DUE TO, OR  (c)  NT CONDITIONS CO  196 CONDIT  197 CONDITIONS  216 PLACE CO  (AT HOME, STRE  210 DEPLACE CO  (AT HOME, STRE  (AT HOME,	INJURY A. MONTH D A. OF INJURY deceosed from ster deceoth.	DEATH BUT  OPERATIO  AY YEAR  19  FARM, EIC)	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR  211. LOCATION STREET	200 AUTOPSY?  YES NO  RED (ENTERNATURE OF	20b. HIN CE	F YES, WERE FIFE ERTIFYING CAL YES  COUNT  19 8 7 Hour and from	NDINGS USED USES OF DEATH? NO  12)  12)  12)  14  16  16  16  16  17  17  17  17  18  18  18  18  18  18
GOVE rise to immediate couse (a), stating the underlying couse lost underlying couse lost part 2 Other SIGNIFICAL 19% DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OR CONTRIBUTING COURRED  21d INJURY OCCURRED  22d. Certify that (1) (this has on the deceased alive obove, (1) (we) (did) (did) (22b. SIGNATURE  22d. PHYSICIAN'S NAME (1)  Charles Be	DUE TO, OR  (c)  196 CONDITIONS CO  196 CONDITIONS CO  196 CONDITIONS CO  216. TIME OF HOUR A.A.  216. PLACE CONTROL STREE  216. TIME OF HOUR A.A.  216. PLACE CONTROL STREE  216. TIME OF HOUR A.A.  216. PLACE CONTROL STREE  216. TIME OF HOUR A.A.  216. TIME	INJURY A. MONTH D A. FACTORY, OFFICE, 19 deceosed from 19 ster death.	DEATH BUT H OPERATIO  AY YEAR 19 FARM, EIC)	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  19 \$5  nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  LUSDY, Md.	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF  CITY  The August of the Augu	20b. HIN CE INJURY IN ITEA OR TOWN he date and STAFF IYSICIAN	F YES, WERE FIFE ERTIFYING CAL YES  COUNT  19 8 7 Hour and from	NDINGS USED USES OF DEATH? NO  12)  12)  12)  14  16  16  16  16  17  17  17  17  18  18  18  18  18  18
GOVE rise to immediate couse of all stating the underlying couse lost underlying couse lost part 2 Other SIGNIFICAL 190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTION OR	DUE TO, OR  (c)  196 CONDITIONS CO  196 CONDITIONS CO  196 CONDITIONS CO  216. TIME OF HOUR A.A.  216. PLACE CONTROL STREE  216. TIME OF HOUR A.A.  216. PLACE CONTROL STREE  216. TIME OF HOUR A.A.  216. PLACE CONTROL STREE  216. TIME OF HOUR A.A.  216. TIME	AS A CONSEQUINTRIBUTING TO  ION FOR WHICH  INJURY  A. MONTH D  JOSE INJURY  SET FACTORY, OFFICE.  Consequence of the consequenc	DEATH BUT H OPERATIO  AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCUR  211. LOCATION STREET  , 19 \$ 5  and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  LUSBY, Md.  EMETERY OR CREMATORY  LY Star of the	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF  CITY  To AUS  death occurred on to  MEDICAL PH  23d LOCATION	20b. HIN CE INJURY IN ITEA OR TOWN he date and STAFF HYSICIAN	YES, WERE FIRE RTIFYING CALL YES COUNTY  19 8 7  10 Hour and from  220. D  COUNTY	NDINGS USED USES OF DEATH? NO  12)  STATE  that (It (we) to the couses stated NATE SIGNED UG. 16, 198

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ner	TOOL	20.00	B	FOR 8/14/8	7, Gbj.				AND MENTALH		2 3	3 1	7	
ODL	1665	JUL		PERSTRAR	P.05.5	WEI	MIDDLE	NER'S	ERTIFICATEO		KEQ.	_		
			(TYP	CEASED NAME	FIK21				LAST		OF ESTI-	MONEY_	-2" YEAR	26 HOUR
	OR. LES. URS. EET,		2 051		Willia		Francis		Cox		DEATH MATED	×	19 8	
	STATE	1	3. SEX	4	RACE	5. DATE OF BIRTH	6. AGE (IN	HDAY) MONT	DER TYR. IF UNDER		DATE	MONTH	DAY YEAR	24 HOU
	ON YOUR				white	dec 20		YRS.			DEAD	7-3-		A.
	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5, WITHIN 72 HOURS W PRESION STREET,	3	7a BI	RTHPLACE (STAT REIGN COUNTRY) VA	EOR	76. CITIZEN OF WE	IAT COUNTRY?	8. MARRI WIDOW	ED NEVER MARRIE	DU	Calvert	_		WE
,	F ANY DELAY IS NEC AND 3 TO THE FUN RETAIN PAGE 5 F HOULD BE FILED, W PECORDS, CONWE	0		TY OR TOWN OF North Box R		(IF NOT IN SUCH FAI	PITAL, NURSING HOACHITY, GIVE STREET ADDRESS antic Aver	5)	ER INSTITUTION	FOR MOST	occupation of working life)		OR INDUST	TRY
-	DE NO STORE	7	USUA	L RESIDENCE (IF	IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS	S(ON)	to a second				Constru	ICIT TO
.2120	AND AND STOUTH	2		MD	Cal	vert	Dunkirk		YES NO 🔀		Staymar Staymar	1 Ct/20	754	
H. M.	京	10	14 FA	THER'S NAME FIRST James	Rer	nard	Cox		is. Mother's maider  First  Bertha	NAME	Emily	Co	ollins	
3	0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7		AS DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDR	FSS		
一小道	A STATE	/	(41	yes	(IF YES, GIVE	WAR OR DATES)	579-01-64	185	William R.	Cox	2613 A	ople Wa	D 2075	54
15	SON FO	1		18. CAUSE OF	DEATH (Enter or	nly one cause per line	far (o), (b), and (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL
2	SESSES.	į		PARTIDEA	H WAS CAUSE	D BY: TE CAUSE (o)CO	mbined alcoho	of and	drug intoxica	tion				
510	NA PARTE	2		14-04		DUE TO, OR	AS A CONSEQUENCE			N	19.20			
- C	A P E C =	NO.			if ony, which				Market Co.					
- ₹	XAMINE XAMINE XAMINE AL - TRAN MENTAL	. 1		couse (a) st lying cause	oting the under-	DUE TO, OR	AS A CONSEQUENCE	OF					10-11-	
.201	XECUTED WITH JG" IN PENCIL SAL EXAMINER BURIAL - TRAN AND MENTAL					(c)		7.33.7						
DIVISION OF VITAL RECORDS,	田とピンナコ	3	z	PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH I	RUT NOT RELATED TO THE TE	RMINAL DISEASI	OR CONDITION GIVEN IN PAR	T Ligh		- 444		
RECO	MED BE MED AS A	5 -	CERTIFICATION	19a DATE OF O	PERATION	IN CONDIT	ION FOR WHICH OPE	ERATION W	AS DEPENDATO				20 AUTOPSY	(2)
Z	SHOUL ORD "F CHIEF E USED T OF HI	3 /	FIC.			The CONDIT	ion rok willen or	.KATIOTI W	AS PERFORMED:					
>	N N N N N N N N N N N N N N N N N N N	4	ERTI	21s. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY	121r H	OW INJURY OCCURRED	LENTER NATU	RE OF INHIBY IN ITEM	TR PART I OR PAS	YES T	NO 🗌
0	RTIFICATE WO TO THE SHOULD BE SHOULD	3		UNDERLYING CONTRIBUTING	OR	HOUR A.M	MONTH DAY YE	AR	ject ingested				., .,	
Sio	NG THE SHOULD TO	2	MEDICAL	214 INTUINY OC	CHIDDED	DEATH P.M.			CATION	arcono	and dru	95.		-
DIV.	THIS CERTING WARDED PAGE 3 STATE DEP		ME	WHILE AT WORK	NOT WHILE		ORY, FARM, ETC.)		TREET		TY OR TOWN		avert.	Md.
	E, WARWA	,				I			Atlantic Ave		n beach,	U	avert,	MQ.
	A SOUTH	2					cribed above, held an				nquiry [],	and in my ap	inion	
	E BE			death resulted	from: A Natu	ral causes .	Accident , S	Suicide X	, Homicide .	Undeterm	ined monner	,		
	NA SECTION	{		ACTUAL	UN	1/2/2	7		Deputy Ch	nief		DATE	7-4-8	7
	SHE SHE			SIGNATURE	11	( V)	/	M	.D	MEDICA	LEXAMINER	SIGNE	D	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WE SECUTE THE CERTIFICATE, TO FUNERAL DIRECTOR: PARTIES PORTH, WITH THE STATE OF THE	2		EXAMINER'S NA (TYPE OR PRINT	A)	nn M. Dixo	on, M.D.		ADDRESS 111 I		t., Bal	to,MD :	21201	
	ATPET	à	23a.Bt	JRIAL, CREMATIC	N, REMOVAL		23c. NAME OF C		R CREMATORY	23d, LOCA		COUN	ily s	TATE
07/84 25M	BP 1/9		24 51	Buri		7-7-87	Cedar F	lill_	125- 0	Suit		PG	MD	
20141	DHMH - 17 (VR A)5 ME (5	))	24: PU	NAME RAU	SCH FH	OWINGS M	D 20736		JUL	2 3 19	87 Auto			

S. St. Alle

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Ga	REG.	NO.				
F	KNOWN ESTI- MATED		8.0	12	87 19	26 HOU
ATE			MONTH	DAY	YEAR	2d HOU

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

	I. DE	CEASED NAME	FIRST		MIDDLE		LAST			20. DATE KNOWN	MONTH	DAY YEAR	26 HOUR
E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	10	E OR PRINTY	John		Franc	is	Harriga			OF ESTI-	0.8	2 87	01,57,a
PH OF	3. SE)	4 RAC	E S	DATE OF BIRTH	6	AGE (IN YEARS	IF UNDER 1 YR.	IF UNDER	24 HRS.	2c DATE	MONTH	DAY YEAR	2d HOUR
NS TS NS	M	lale Wh	hite	05 2	20	67 YRS.	MONTHS DAYS	HOURS	MIN	PRONOUNCED DEAD 08	12	1987	0137
A NO	7a B1	RTHPLACE (STATE OR		Th CITIZEN OF WH.		- 1710.	VV	1		9 BALTIMORE CITY OF			DIOIM
TAN SEE	FO	Wash. D.C.		USA		J. 1994	MARRIED N	EVER MARRIE DIVORCE		Calvert	-		
25.05 25.05		TY OR TOWN OF DEA		11 NAME OF HOSP	ITAL NURS					JAL OCCUPATION (TYPE	OF WORK 1121	KIND OF BU	ISINESS
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(VR A15 ME (5))	B	eall Funer	al Home	e Bowi	e, Mai	ryland		AUG	11	19014	To latera		

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		1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	SIENE /	2 REG. NO	3 3	8	Anna page man
0 6 3:8	96 AUG		87 J	ames		O. H	ollan	d		/11/87	MONTH DA	YEAR	0525a.m.
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01 s ofter d	by the full field with	/	Frederic			HOSPITAL, NURSIN CHEAGUITY GIVE STREET <b>Ert Mello</b> r	IG HOME C	R OTHER INSTITUTION	(TYPE OF WO	L OCCUPATION FOR FOR MOST OF		126 KIND O INDUSTRY	F BUSINESS OR
ND 212	filled in puld be f	USU 130	AL RESIDENCE (IF NUR STATE Maryland	136 COUN	other institution	GIVE RESIDENCE BEFORE 13C. CITY OR TOW Chesapea	keBch	13d. INSIDE CITY LIMITS?  • YES \( \text{ NO } \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ \text{ NO } } \text{ \text{ NO } \text{ NO } \text{ \text{ NO }	13e STREET P.O.	ADDRESS / Box 8	ZIP CODE		20732
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ORE,	Poges 1	16a \	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECL	RITY NO.	17 INFORMANT		ADDRE			
TIMO be es	S. Poge		YES, NO OR UNKNOWN)			216-28-3	566	Rose Holland	P.O.	Box 8	04		MATE INTERVAL DNSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. MARYLAND 21201 PROPERTY OF PROPERTY. The low requires that the death certificate be executed within 24 hours in the property of the death certificate be executed within 24 hours in the property of the death certificate be executed within 24 hours in the property of the proper	n.  Obeen signed by the ottend permit. Then please remove co ne prior to buriol, creamation, c. ws.any injury, or other froumo.	CERTIFICATION		mediote ng the e lost.  NIFICANT C	DUE TO CONDITIONS C	n, atheros	ence of DEATH BUT	NOT RELATED TO THE TERM Sis, malnutr N WAS PERFORMED	ition,	advan	ced a	ge WERE FINDIN NG CAUSES	IGS USED OF DEATH?
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L OR ATTEN	L DIRECTOR toched for u e Dept. of He if Item 21 is		sow the acceas abave, (1) (Ive) ( 22b. SIGNATURE					DEGREE  ATTENDING PHYSICIAN		red on the do	F	22c DATE	
O HOSPITA	TO FUNERAL I should be deto with the Stote [MPORTANT: #		22d PHYSICIAN'S N	oss ,	M.D.			Pr. Frederic	ck, Md		20678		. 07
	P	230	BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL	Aug. 15			emetery or crematory onds! Chr. Ce	1771	cation ity or town sapeake	e Beach	Cal	vert MD
DHA	MH - 16 60M 7/84		UNERAL DIRECTOR					25a. DA	TE REC'D. BY	REGISTRAR	756 REGISTRA	R'S SIGNAT	LIRE
	(VRA 15, 4)	Sp	encer E. S	ewell	Box 31	Prince F	red.M	D20678	25	1987 4	dia Dan	desono Kas	- Called

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

1	3 18	FOR STATE REGISTRAR	gr)		DEPART		EALTH AND MENTAL	T HXPIEI	NE Z	3	3 8	L		
	1. DEC	CEASED NAME OR PRINT)	FIRST	٨	NIDDLE	ı	Hutchins	2	o. DATE OF DEATH	монтн	5 -87	R 2	4: 0	
	3 SE>		nna	4 RACE	L.	5. DATE C		6	AGE JIN YEARS LAST BIE		IF UNDER 1 Y	EAR I	F UNDER	
9		Female		White	9	Augi	ast 22, 192		62	YRS		AYS P	HOURS	MIN.
1		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	_ 9	BALTIMORE CITY	111.0		Н		
	Ma	ryland		USA		WIDOWE	70"		Calvert					MD.
7		Frederic			HOSPITAL, NURSIN HEACILITY, GLYESTREET NUTS		Enter		USUAL OCCUPATIVE OF WORK FOR MOST	OF WORKING	LIFE) INDUS	TRY	aker	
0	130 S	AL RESIDENCE (IF NURS TATE ryland	13b COUN	TY	ISC CITY OR TOW Pr. Free	N			STREET ADDRESS Box 170,	20678	3			
3		bert Lee	A	AIDDLE	LAST		15 MOTHER'S MAIDER FIRST  Katherine		MIDDLE	n		IAST		
	No No	VAS DECEASED EVER	IN U.S. ARA	WAR OR DATES)	219-16-		17. INFORMANT	. 17		uena	Vista	Roa	ad	0678
	NO		<u> </u>				Flaine Br	aare	y Prine	Frec	lerick,		TE INTERV	
	0	18 CAUSE OF DEAT PART I. DEATH W		BY:  E CAUSE (0)	Term	ina	1 ca	0	The	uter	U BETW	EEN ON	SET AND I	DEATH
		Conditions, if ony, gove rise to improve oil, stotin underlying couse	nediote ng the lost	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE	TERMIN	AL DISEASE OR COM	NDITION G	GIVEN IN PAR	T 1(o)		
1	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	IN CER	YES, WERE FIN TIFYING CAU YES []	SES O		
7		210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE A	21b. TIME O HOUR A./	M. MONTH D	AY YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJ	JRY IN ITEM 1	8, PART 1 OR PART	2)		
	MEDICAL	21d. INJURY OCCUR!	RED HILE D	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TO	WN	COUNTY		514	ATE
9		22a.1 certify that (1) sow the decease above, (1) (we) (c	ed alive on.		19	, or	nd that in (my) (our) op		th occurred on the c	dote and h	our and from		ot (I) (w uses sto	
		22b. SIGNATURE	Ki	mo	u	Yay	CAUPHYSICIA PHYSICIA	NG AN [] [	MEDICAL STA		22c. D	ATE SI	GNED	
		22d PHYSICIAN'S NA	mar		Yasel	law	Huntine	etow	n. Marvlar	nd 2	0639			
	{5	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATO	ORY	23d. LOCATION		COUNTY		STA	TE
		JURIAL DIRECTOR	Don	8-7-19	22	sbury	Methodist	Com.	Barstow,				ylan	<u>d</u>
	Rt	NAME			public,		and 206966	11	1987 July	Dear	den Con		E	

DHMH - 16 50M 1/76 (VR A 15 (4))

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5 1 9 2 SEP		REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	/GBNE / 2 3	383
e c f		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oy be loge 3 death	2.66		eth E. King, J		August 31, 198	AM
or. p	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7 11		ale	White	October 4, 1927	59 YRS	
1 16 15	M	RTHPLACE (STATE OR FOREIGN COUNTRY)  aryland	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED		Y OF DEATH
1100		ort Republic	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)  **T Republic, Md. 206	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  76 Carpenter	12b. KIND OF BUSINESS OR INDUSTRY  Construction
4,25	13a :		OTHER INSTITUTION, GIVE RESIDENCE B	efore admission) TOWN 13d INSIDE CITY LIMITS? Republicyes \( \text{NOTE} \) NO (X)	13e STREET ADDRESS / ZIP COD Box 37-A, 2067	E
ompler and 2	K	enneth E. King,		Sallie L.		(AST
s died	1	VAS DECEASED EVER IN U.S. AR	E WAR OR DATEST	ECURITY NO. 17 INFORMANT	- ADDRESS	THE HEALTH AND A
7 65 1	Y	es 1945	/1946 212-2	8-5967 Lorraine	E. King, Same as	#13 A-E
he death certificate the attending physical parameter corbon additional physical phy		PART I. DEATH WAS CAUSE	ally one couse per line for (o), (b) DBY: Cance TE CAUSE (o)  DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE	OUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e law requires that in the best by permit. Then please the price to buriol, or way any injury, or other	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART OF T	(c)CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
CLAN The physics of t		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18.1	ES NO NO PART 2)
MG PHYS affects for this th cond Mc	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		CITY OR TOWN	COUNTY STATE
ATTENDI hphal o hphal o to vier of Heal		27a I certify that (I) (this hospi sow the deceared by anye on above, (I) (ye) aid) (d) app	tal) attended the deceased from 0/10 to the body ofter death,	, one met my (co. ) opinior	, ta 8/31 n death occurred on the date and have	19_87_ that (I) (we) last ir and from the couses stated
		22b. SIGNATURE	1 man	DECREE	MEDICAL STAFF  X DIRECTOR PHYSICIAN	22c DATE SIGNED
SAL OR SEAL OF THE LIGHT CONTROL CONTR		A DIVERSION OF THE	Jew VIII		DIRECTOR   PHISICIAIN	8/31/1987
HOSPITAL OR TOWNER OF THE STORE OF THE STORE DEPTH		22d. PHYSICIAM S NAME (TYPEO		22e. ADDRESS		8/31/1987
TO HOSPITAL OR retained by the to TO FUNERAL DIRE should be detected. with the State Dept MAPORTANT. If then	23a. B	George Weem	s, M.D.	22e. ADDRESS Huntington	wn, Maryland	8/31/1987
TO HOSPITAL OR TRUNESAL DIRE NOT TO FUNESAL DIRE NATIONAL DIRECTOR OF THE STORE DEPT TO FUNESAL DIRECTOR OF	(	/ /	s, M.D.	22e. ADDRESS	wn, Maryland    13d LOCATION   CITY OR TOWN	8/31/1987  county State Calvert, Md.

A CONTROL OF THE SECOND Take the second of the second Fort nargarder took by he contained to the Rock manuation of took took to varyand . . - r may a leaded on leading to the contract construction of the constr THE REPORT OF THE PROPERTY OF UNIONS OF LINES OF STREET European Colonians in the time to the property of their second of the contract of ALL STREET, DOX For Designation of the Contract of the Contrac

- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN (TYPE OR PRINT) OF NEITZEY TOTHER RAL DIRECTOR.

R YOUR FILES.

BE FILED, WITHIN 72 HOURS

55, 701 W-PRESTON STREET, MILTON DEATH MATED /16/89 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2c. MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED DEAD 56 YRS 08/16/ 187 Male Cauc. 70 BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED USA Wash. D.C 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Airconditioning Etchison-AND 3 TO RETAIN HOULD BE F RECORDS, V USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Keller 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY New Carrolltons X NO [ 8318 Donoghue Dr. 20784 Pr. Geo. 14, FATHER'S NAME 15 MOTHER'S MAIDEN NAME 8. GIVE PAGES 1, 2 WITH FOR TI. PAGES QUVISION OF WITH FIRST Gladys L. Eines Neitzey Carroll 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 578-38-4984 Geneva 1. Neitzev same as 13e Korea 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PAGE 18 BURIAL OF MENTAL HYGIENE, DAGE 18 DELATED DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DAGETIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 19g. DATE OF OPERATION 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 71b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 714 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN STATE WHILE AT WORK COUNTY 220 I certify that I took charge of the remains described above, held on Inspection ond in my opinion Homicide \_\_\_ Undetermined monner Noturol couses Accident TITLE (SPECIFY ACTUAL MEDICAL EXAMINER AL BANNA, MD EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 8/19/87 Maryland Vets. Cem. Cheltenham, Maryland Burial 07/84 25M Rendon/Hale Lanham Fun'l Home 250 DATE REC'D. BY REGISTRAR 255 REGISTRAR S SIGNATURE AUG 20 1087

9013 Annapolis Rd. Lanham, Md. 20706

**DHMH** - 17

(VR A15 ME (5))

STATE OF MARYLAND

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1/1	FOR STATE REGISTRAR		STATE OF A EPARTMENT OF HEALTH ICAL EXAMINER'S O	AND MENTAL H	YGIENE F DEATH	23	3 8 2	b,
	ECEASED NAME FIRST		WIDDLE	LAST	2c. DATE		NTH DAY YEAR	26 HOUR
6 Z 6, 9 8, AUG   4	87. Bill:	y Joe	Parks		OF DEATH	MATED C	08/]]/87	02]4
METSSARY, PLEA INERAL DIRECTO OR YOUR FILE THIN 72 HOUL BRESTON STRET	EX 4 RACE W	Sept. 5	YEAR LAST BIRTHDAY) MONTH	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUI DE AL	NCED	ITH DAY YEAR	2d HOU
A LANGE AND LANG	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  irginia	U.S.A.	MARR	ED NEVER MARRI	ED L Col	ert Count		MI
E HOME	CITY OR TOWN OF DEATH  Ince Frederick  UAL RESIDENCE (IF IN NURSING HO)	Calvert N	ITAL, NURSING HOME, OR OTH LITY, GIVE STREET ADDRESS) MEMORIAL HOSPIT	C 86	FOR MOST OF WO Policer	PATION (TYPE OF WORKING LIFE)  Man	US Cap	oitol
M W W W	aryland Ca	unty Livert	13c. CITY OR TOWN Dunkirk	13d. INSIDE CITY EIMITS? YES NO 🔀	13e STREET ADDR	ESS Cavalie	r Dr. 20	Polic 0754
A THE SERVICE	FATHER'S NAME Lloyd	MIDDLE	Parks	15 MOTHER'S MAIDE PIRST Dora	^	MIDDLE	McConn	nell
5 E 2500	yes   195	1-1975	401-54-5841	Jerline		same as		
ITEM ITEM I CONG. PERMIT OIENE, D	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU IMMED	SED BY: DIATE CAUSE (a)	TERMINAL (	CARCINOMA ,	LUNG		APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
EXECUTED WITHIN NG" IN PERCIL IN CALL EXAMINER A BURIAL - TRANSIT I AND MENTAL HY.		(b) DUE TO, OR A	S A CONSEQUENCE OF  S A CONSEQUENCE OF  IT NOT RELATED TO THE TERMINAL DISEAS	E OR COMDITION GIVEN IN PAR	RT 1 (a).			
OF VITAL RECOID  ATE SHOULD BE I  SWORD "PENDI  BE CHIEF AEDI  O BURIAL, CREA  CERTIFICATION	19a. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERATION W	AS PERFORMED?			20 AUTOPS	NXX
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245A2±	21d INJURY OCCURRED WHILE AT WORK AT WORK	STREET, FACTO		CATION TREET	CITY OR TO	)wn	COUNTY	STATE
DICAL EXAMI TE THE CRTIFI A SHOULD WE WEAT DIRECT  DEATH, WITH	ACTUAL SIGNATURE	Journal Courses #	Accident , Suicide	Homicide	Undetermined m	anner ,	ATE SALLS	78
PAGE CUM	EXAMINER'S NAME I . F		Ji,M.D.	ADDRESS	ce Freder			
07/84 BP B	urial	Aug. 14, 19	987 MD Vetera	ans Cem.	Chelte	nham. 1	P.G. N	AD.
DHMH - 17	FUNERAL DIRECTOR Lee		Home, Inc.	MD AUG	13 1987	AR 256 REGISTRAF	es signature	1

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DHMH - 16 60M 7/84 (VRA 15, 4)

					ST	ATE OF M	ARYLAND						
18	EOR TATE REGISTRAR			DEP			AND MENTAL HY	GIENE 7	REG. NO	3	3 8	8	5
	ASED NAME	FIRST		AIDDLE		LAST		2a DATE O	F DE ATH	-	DAY YEAR	21	HOUR
(TYPE O	ERANI	724	/		F	RIC	KER	8	17	6	187		11:05AM
3. SEX	11/1/11		I. RACE			TE OF BIRT			YEARS LAST BIRT		IF UNDER 1 YE	_	FUNDER 24 HRS
F	EM ALE		CAU.	WINT COLL	0	9/	Z1/06	A PAITING	30	YRS.	OF DEATH		OURS MIN.
	UNIRY)	OREIGN	LINITEN OF		MAR		NEVER MARRIED						
	th Carolia		United			WED TH	DIVORCED   ER INSTITUTION	12a USUAL	occupati			OFF	MD. BUSINESS OR
(RI		FCK		H FACILITY, GIVE	STREET ADDRESS)		TTAL	1	ek FOR MOST O			RY	
13a. ST	RESIDENCE (IF NURS) ATE	136 COUN	TY	13c. CITY OF			ISIDE CITY LIMITS?		Kapı		Way :	206	89
	HER'S NAME	A	NIDOLE	Gilbe			OTHER'S MAIDEN NA Callie	AME	MIDDLE E.		Rowla	and	
LYE	AS DECEASED EVER S. NO OR UNKNOWN)		MED FORCES?	166 SOCIAL	SECURITY NO		FORMANT		ADDRE				
No				574	-12-75	9/ De	bbie God	bolt (g	rand	daug			e as #1
NOL	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which nediate g the last.	DUE TO, O	R AS A CON	SEQUENCE O	BUT NOT R	Car ELATED TO THE TERM	MINAL DISEA	SE OR CON	DITION GIV	S, WERE FIN	DING	S USED
TIFIC								YES 🗀	NO <b>2</b>	IN CERTIF	FYING CAUS	SES O	F DEATH?
CAL CER	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEA	21b. TIME O HOUR A. P.	M. MONT		21c. F	OW INJURY OCCU	RRED (ENTER N		RY IN ITEM 18 F	PART I OR PART	2)	
¥	WHILE NOT WHAT WORK	HILE	21e PLACE		OFFICE, FARM, ETC		OCATION STREET		CITY OR TO	wn	COUNTY		STATE
- 1	22a.1 certify that (1)	(this hospit	12   1		from 37	DEGRE	ATTENDING	DIRECTO	STAI	FF IAN 🗌	13	TE AN	6/6/
	JRIAL, CREMATION,	REMOVAL	23h DATE 08/29	/87			Cemeter	23d LOC	ATION		COUNTY		STATE
Fra	Micis Regasc 9 Baltimor		ons Fu	neral	Home,	P.A.	25a. DA	31 19			nce G		

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2 marriage / Land

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DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the

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al director, page 3

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	3	3	8	7
DEG NO		1.5		

ı	0 0	REGISTRAR				CERTIF	ICATE OF DEATH	U		REG. NO.		- 53	
	PDEC	EASED NAME	FIRST		MIDDLE	l	AST	2	O. DATE OF DE		TH DAY	YEAR	26 HOUR
	(1111)		nald		N.	Sansl	ourv			8	30	87	9:04 AM
	3 SEX			4 RACE	1-11	5. DATE C	OF BIRTH		AGE (IN YEAR	S LAST BIRTHDAY	) IF UN	NDER 1 YEAR	IF UNDER 24 HRS
		Male		White		1 2	28 12		74		YRS	HS DAYS	HOURS MIN.
		RTHPLACE (STATE OR F	FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9	BALTIMORE			DEATH	
d		MD MD		USA		WIDOWE			Calv	ert Co	untv		MD
-	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		20 USUAL OC	CUPATION	1	26 KIND C	OF BUSINESS OR
		nce Freder		Calve	rt Memori	al Ho	spital		Public				ities
Ì	130 S		13b. COU		13t. CITY OR TOW		134 INSIDECITY LIMIT	TS? 13	3e STREET ADI	DRESS / ZIP	CODE		
	15.	MD	Ca	lvert	Huntingt	own	YES NO K		14 Well	Stree	et/206	539	
7	1000	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN	NNAME		MODLE		LAS	51
1		ohn	Emc		Sansbury		Nellie				Lea	apley	
		(AS DECEASED EVER		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT			ADDRESS			
1		yes	WW I	Ι	577-10-4	762	Eileen E.	Sans	sbury	(same	)		
1	1	18 CAUSE OF DEAT	H (Enter o	nly one couse per	line for (a), (b), and	dicu						BETWEEN	ONSET AND DEATH
		PARTI DEATH W	IMMEDIA	TE CAUSE (o) C	ardio Pi	11moria	ary Arrest						
1				DUE TO, O	R AS A CONSEQUE	NCE OF							
Н		Conditions, if ony,		( (b) C	hronic Ly	mpho	cypic Leuke	mia		-645			
		gave rise to imm cause (a), statin	ig the	DUE TO, O	R AS A CONSEQUE	NCE OF							
		underlying couse	lost.	(c) C	arcinoma	of P	roftate						
	7	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE O	RCONDITIO	N GIVEN I	N PART 1	0.
	CERTIFICATION			eptic S	hock and	l Bila	ateral Pheu	moni					
	ICA	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPS		CERTIFYING		NGS USED S OF DEATH?
	RTIF									10 🗌	YES [		NO [
-		210. ACCIDENT WAS UND		11.00.00	FINJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OC	CCURRE	D (ENTER NATUR	E OF INJURY IN IT	IEM IS PART 1	OR PART 2)	
7	ICAI	(IF EITHER, NOTIFY MEDI	CAL EXAMINE	R) P.		19							
	MEDICAL	21d INJURY OCCUR		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET		C	ITY OR TOWN		COUNTY	STATE
		AT WORK AT WO	RK RK										
		22a.l certify that (I)			e deceosed from_		, 19		_, to		, 19		that (It (we) last
			ed alive or	twiew the body	ofter death.		nd that in (my) (our) opi	oinion de	oth occurred o	in the dote of	nd hour one		
		226. SIGNATURE		X )			DEGREE ATTENDIN	NG /	MEDICAL	STAFF	1	22c. DATE	SIGNED
Ц		0,	m	2	Mark	<u>~ </u>	PHYSICIA		DIRECTOR [				
		22d. PHYSICIAN'S NA	AME (TYPE	OR PRINT)			22e ADDRESS						
					. Damalo	ıji							
	23e B	URIAL, CREMATION,	REMOVA				EMETERY OR CREMATO		23d. LOCATIO		cc	YINUC	STATE
		Burial		9-1-87	/ A.	II Sa	ints Episco	ppa1	Sunde	rland	Calv	vert_	M
	24. FU	RAUSCH	FH	OWINGS,	MD ^0207:	36	250	SFF	REC'D. BY REG 4 198	ISTRARI256 F	REGISTRAR	SSIGNAT	URE
		KAUSCH	LU	OMTINGS,	ELD 201.	00			1 130	fulla	Dund	W. Ku	MARIE

see - Lilero I James

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		. 0E0131KAK			REG. NO.	4
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ay be age 3 death		177	Lillian	TROIL	August 1, 1987	M
# H	3. SE		4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
b #1/	-	female	white	Sept 12, 1896	90 YRS	
11/200		IRTHPLACE (STATE OR FOREIGN	The CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
16 NA	1	MD	USA	WIDOWED DIVORCED	CAlvert	MD.
Wil Call	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
E 51 10		ince Fred.	Calvert Co. Nurs		Housewife	domestic
led -	13a	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUN Calv		N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO Lowery Rd/2063	DE
Show er	14.5	ATHER'S NAME	ert Hunting	100 [2] 1.0		9
with solete	4	FIRST	MIDDLE	15. MOTHER'S MAIDEN NA	WIDDIE	LAST
Page 1		Harrison Clinto		Lilly	ADDRESS	bson
Pages			E WAR OR DATES)		3280 Soner Pd	Huntingtown, MD
icion eers.	1		ily one cause per line for (a), (b), on		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physin pap	1)	PART I. DEATH WAS CAUSE		10 pulmonar	e arrist	BETWEEN ONSET AND DEATH
ding arbo	V	in the contract of the contrac	DUE TO, OR AS A CONSEQUE		.1.	
deat ove c fian,	1	Conditions, if any, which	( 1b) ( C) 1	rile dem	nthus	7115.
the of the certain	150	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
that by ease ol, cr		underlying couse last.	(c)	INCE OF		
gnec gnec en ple buriny, a	7	PART 2 OTHEASIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 110
en si The or to	ě		KIN regu		laytros	Low
low is be pring a gan	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 706 IF Y	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?
The con.	E .				YES NO	YES NO NO
AN shysi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
SIC ng	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
this the b	MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC ) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ING as t lith a		AT WORK AT WORK		/	0	
S C C C C C C C C C C C C C C C C C C C			tal) attended the deceased from	19 86	, to	. 19, that (I (we) lost
ATT aspirt d for d for m 21		above, () (wey did) did no	New the body ofter death.	3.Z., and that in (my Cour opinion	death accurred on the date and h	our and from the colours stated
OR he he he coche oche Dep		22 SIGNATURE	1 1	DEGREE	Acres Cree	INCOATE SIGNAD
		Conto	Jerell V	PHYSICIAN E	DIRECTOR PHYSICIAN	0/1/8/
O HOSPITAL etained by t TO FUNERAL should be det with the State MAPORTANT:		22d. PHYSICIAN'S NAME	mi NT)	22e ADDRESS		
should with the MAPO		Craig Jeschke,		19 Ches. Bch	Rd. East Owin	gs, MD 20736
F 5 F 8 > Z	23a l	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP			0-4-0/ M1	randa Memorial	Huntingtown	Calvert MD'ATE
DHMH - 16 60M 7/84	24 E	NAME NAME	ADDRESS .	and 250 DAT	E REC'D. BY REGISTRAR 250 REGIS	STRAR'S SIGNATURE
(VRA 15, 4)	14	augon TI	T: Cully	//// AUG	1987	

AUG O G 1987 Julian Below.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CLKIII	ICAIL OI	DEATH	RE	G. NO.			
		CEASED NAME FIRST PRINTS	٨	AIDDLE	Vo	elke	-	26. DATE OF DEAT	TH MONTH	1987	7 12 12	45
	3. SE>	X	4. RACE		5. DATE C			6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UND	DE VIA HRS
		female /	White		MONTH	26	1983	8	YRS.	MONTHS DAYS	HOURS	MIN.
ř		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER	MARRIED -	9 BALTIMORE CI	TY OR COUNT	OF DEATH		
2		MD	USA		WIDOWE		NORCED [	Calve	ert			MD.
)		North Beach	4007 3r	HOSPITAL, NURSI H FACILITY, GIVE STREE d Str.	T ADDRESS]	OR OTHER INS	NOITUTIT	126 USUAL OCCU LIVPE OF WORK FOR M Sales Cle		126 KIND ( INDUSTRY Dept.		
0	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE MD 136 COUN	11Y	GIVE RESIDENCE BEFOR 13t. CITY OR TOV North B	MN	13d. INSIDE		130. STREET ADDRI 4019 7th		20714		
7	14 FA	THER'S NAME FIRST  James	MIDDLE	Welch			'S MAIDEN NAM FIRST Jaura	AE MIDD		Welch	ST	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORM	ANT		DDRESS	Marsh 1- 1	D	1- 200
	,,,	no n/a	E THAT GIT D'ATES)	577-24-	4732	Doroth	y McCur	ray PO Bo	ox 752	North :	Beac 0714	n, MD
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)		line for (a), (b), a	nd (c).)	ive	n fa	ilure		BETWEEN	IMATE INTO	OS -
		Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last.	(b)	R AS A CONSEQU								
	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERMI	NAL DISEASE OR C	ONDITION GIV	EN IN PART 1	101	
)	MEDICAL CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20¢ AUTOPSY?	IN CERTIF	S, WERE FINDI		ATH?
-	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF	FINJURY	DAY YEAR	21c. HOW II	NJURY OCCURRE	ED (ENTER NATURE OF	INJURY IN ITEM 18 P	PART 1 OR PART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DEA	TH.		19							
	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC )	21f LOCATI	ON	CITY	OR TOWN	COUNTY		STATE
		270. I certify that (this hospi saw the deceased alive an above (1) (we) (did) (did no	2-30	19	- - - -	d that i		eoth occurred on the	he date and hou	r and from the	thor couses	(we) lost
		22b. SIGNATURE	1 /4	uh	n		ATTENDING PHYSICIAN	MEDICAL DIRECTOR   PH	STAFF YSICIAN []	8/	5%	7
		Cyarg.	PANILI	esch	KE, M	22e. ADDRE	OW	ings	, h	23	207	13-6
	15	URIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION	N	COUNTY	- 4	STATE
		rial	8-4-8	87 C	edar F	lill	les -	Suitlar			MD	
	24 FU	INERAL DIRECTOR	d	ADDRESS			AUG AUG	REC'A BY REGIST	RAR 79 PEGIST	PHESICA	Caple	
		Rausch FH Ov	ings, M	D 20736			1100	1301				

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STATE OF MARYLAND

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U b 4	9 1 5 SEP -	P P	*STATE REGISTRAR			DEPARI		FICATE OF DE		REG. N	• • • • • • • • • • • • • • • • • • •	3 7	
			CEASED NAME	FIRST		MIDDLE		LAST	10.00	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	nay be poge 3	(ITP)	OR PRINT)	THOMAS	HA	ARRY	WI	NATON			80	29 87	1744pm
	may pod er de	3 SE			. RACE		S. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	s off		Male		White		06	14	23	64	YRS.	MONTHS! DAYS	HOURS MIN.
0	Poge direct	7a B	IRTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY	2 8	D NEVER MA	DDIED T	9 BALTIMORE CITY O		Y OF DEATH	
	nero Ingres		PA		US	SA	WIDOW	_	ORCED	Calvert	County	,	MD.
	المالية المالية	10. C	ITY OR TOWN OF DEA	ATH 1	1. NAME OF		ING HOME	OR OTHER INSTIT	UTION	120 USUAL OCCUPAT	ION	126 KIND C	F BUSINESS OR
10	The state of the s	P	r. Frederic	ck	Cal	vert Memo	orial	Hospital		Printer	F WORKING ()		S Gov't
21201	L a	ÚSU	AL RESIDENCE (IF NURS	SING HOME OF C	THER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)				/ 7:0 COD		
Q	42		MD	Calv		Ches. E		13d. INSIDE CITY	VEIMITS?	3337 E. Ch			20732
YLA	sh thin		ATHER'S NAME				cacii	15. MOTHER'S A	_	\E	100. 1		
MAR	1 10		Harry	M	NODLE	Winst	on	Lula	151	WIDDLE		Knecht	1
	cute s 1 o		WAS DECEASED EVER			16b SOCIAL SEC		17 INFORMAN	T	11204 Ma			
BALTIMORE,	Poges		YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	198 14	0792	Carol A	Ann Ki			MD 20	754
ITI	9 98 9		18 CAUSE OF DEAT			•		1 Caron 2	MILL ICE	ua III	ITIKITE	APPROX	IMATE INTERVAL
	ficate physic pape novol.		PART I. DEATH W	VAS CAUSED	BY:	ASSIVE	BRA	IN HEM	ORRHA	ME		BLIWEEN	ONSET AND DEATH
N ST.,	rbor reprise			IMMEDIATE									
STO	death attend ave ca tion, o		Conditions, if ony	which	DUE TO, C	R AS A CONSEQ	DENCE OF						
PRESTON	he de		gove rise to important cause (a), statu	mediate	10)_	B. c. conicso	IENICE OF						
` ≥	that the tall by the ease real, cre		underlying cause		DUE TO, C	R AS A CONSEQ	DENCE OF						
201	ned pled	1	PART 2 OTHER SIG	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BU	T NOT RELATED TO	O THE TERMI	NAL DISEASE OR CON	DITION GI	VEN IN PART 1	0
ZDS,	Then to b	NO.											
DIVISION OF VITAL RECORDS,	beer prior ony i	A E	19a DATE OF OPERA	TION	19b COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORA	MED	20a AUTOPSY?		S, WERE FINDI	
LRE	hos per	1 E								YES NO		FYING CAUSES	OF DEATH?
/ITA	AN: The obysicion ficate transit of Hyginal Hyginal II 8 sho	CERTIFICAT	210. ACCIDENT WAS UN	DERLYING	21b TIME C				JRY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
OF/	SICIAN: ng physi certifical urial-tran tentol Hy tem 18:	4	OR CONTRIBUTING		7 1	.m. month i .m.	DAY YEAR						
Z	S & S & S	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION	1	CITY OR TO	NAME .	COUNTY	STATE
VISI	After the as the bith and morked	Z	WHILE NOT W	HILE	(AT HOME ST	REET, FACTORY, OFFICE	, FARM ETC }	STREET		CITYORIC	, , , , ,	001411	STATE
ā	or or se os se os se os mor mor		22a I certify that (I	) (this haspite	al) attended t	ne_deceased fram	About	Sept	19 36	- to Augus	21	1987	that (1) (we) last
	TTEN pital TOR for u		saw the decear above, (I) (we)	ed alive an	Angusta	19		ind that in (my) (o	our) opinian d	leath occurred an the d	ate and ha	ur and from the	causes stated
	OR A e hos DIREC sched Dept		226 SIGNATURE	A TOTAL TOTAL	2 .		-	DEGREE				22c. DATE	SIGNED
	the the Date of the Date Date Date Date Date Tr. If		E. Um	שמיוני	pita	or WD		AT1	TENDING Y	MEDICAL STA	FF CIAN []	8-20	7-87
	HOSPITAL Ined by the FUNERAL VIDE Be det of the Stote ORTANT:	7	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS		M 1			
	ro HOSPITAL etoined by th TO FUNERAL should be deto with the Stote		Dr. E.	Anne	Spitzer	^		OWIN	93	11d. 20	136		
	with with		BURIAL, CREMATION,		23b. DATE		NAME OF	CEMETERY OR CR	EMATORY	23d LOCATION			
	BP		Burial		9-2-8	37 N	1D Vet	orana		Cho I howh	am.	COUNTY	STATE
					2 4	1 1 1	ID VEC	erans		Cheltenha	Alti	PG	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

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E. Charles Spelly Mas

SEP 4 1987 / L. T. A. P. 1938